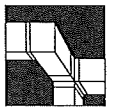




# MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

### A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipally \_\_\_\_\_ zip code \_\_\_\_\_  
Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)  
Heating System work:  New or  Modification to Existing OR  Conversion OR  Replacement  
Type:  Hydronic  Hot Air  
Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_  
Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
<input type="checkbox"/>	No Plans Required	Type:	Failure	Failure	Approval
<input type="checkbox"/>	Mechanical Plans Approved	Gas Piping	_____	_____	_____
Date: _____	Approved by: _____	Appliance	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____
<input type="checkbox"/>	Bldg.	Oil Piping	_____	_____	_____
<input type="checkbox"/>	Elev.	Oil Tank	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____
Date: _____	Approved by: _____	Hydronic Piping	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fireplace	_____	_____	_____
<input type="checkbox"/>	CA	Chimney Cert.	_____	_____	_____
<input type="checkbox"/>	CCO	Other _____	_____	_____	_____
Date: _____	Approved by: _____				

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	_____	Water Heater	\$ _____
_____	_____	Fuel Oil Piping Connections	_____
_____	_____	Gas Piping Connections	_____
_____	_____	Steam Boiler	_____
_____	_____	Hot Water Boiler	_____
_____	_____	Hot Air Furnace	_____
_____	_____	Oil Tank	_____
_____	_____	LPG Tank	_____
_____	_____	Fireplace	_____
_____	_____	Other _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
<b>TOTAL FEE \$ _____</b>